

ENERGIZE MISSOURI HOMES

MISSOURI DEPARTMENT OF NATURAL RESOURCES



**NEIGHBORHOOD
CHALLENGE**



APPLICATION FORMS

AMERICAN RECOVERY AND REINVESTMENT ACT OF 2009
STATE ENERGY PROGRAM

SUBMITTAL DEADLINE:

July 2, 2010

4:00 PM CDT

MISSOURI DEPARTMENT OF NATURAL RESOURCES
DIVISION OF ENERGY
1101 RIVERSIDE DRIVE
P.O. BOX 176
JEFFERSON CITY, MO 65102-0176

FORM A - APPLICATION COVER PAGE

Applicant Information

| | |
|------------------|--|
| Applicant Name: | |
| DUNS Number: | |
| FEIN Number: | |
| Mailing Address: | |
| City: | |
| Zip Code + 4: | |

| | |
|--------------------------|--|
| Contact Name: | |
| Title of Contact: | |
| Email Address: | |
| Telephone Number: | |
| Fax Number: | |
| Total Funding Requested: | |

Project Information

Program Categories:

| |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

Home Energy Reports Program Category – forms A, B, C and D

In-Home Energy Monitoring Devices Program Category – forms A, B, C and E

Combination Program Category – forms A, B, C, D and E

Project Title: Proposed Start Date: Proposed Completion Date:

Brief project description:

| |
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Reserved for Missouri Department of Natural Resources Use

Date Received

Time Received

Proposal Number Assigned

FORM A - APPLICATION COVER PAGE

Applicant Details

Applicant Type:
(Municipal, Co-Op, Non-Profit,
etc.)

Total Number of
Residential Customers:

Description of service territory:

Attach a map of service territory.

Financial Information

| | Amount (\$) | Percent (%) |
|---------------------------|-------------|-------------|
| Funding Requested | | |
| Funds Leveraged | | |
| Total Project Cost | | 100% |

Signature

I hereby certify that I am authorized to submit this application and that the information presented in this application is true and accurate. In addition, I agree to abide by all the terms and conditions described in the Missouri Department of Natural Resources *Energize Missouri Homes* – Neighborhood Challenge Program guidelines, application forms, and all supporting documents.

Name

Signature

Date

FORM B - PROJECT NARRATIVE

Project Narrative

Provide a description of the proposed project, including goals and objectives, the overall impact and benefits of the project, and a statement of work (required tasks and activities).

FORM B - PROJECT NARRATIVE

Project Timeline

Provide a proposed timeline for program milestones or events, including program start date and end date.

| Date | Milestone |
|------|-----------|
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Energy Efficiency Program Implementation Experience

Provide a description of any residential energy efficiency programs, particularly any behavioral programs, currently or previously offered by the applicant and its partners. The description should cover any details relevant to the program including energy efficiency measures implemented, number of homes participating, and energy savings achieved.

FORM C - PROJECT PARTNERS

Partner Information

Provide information on all of the partners that will receive funds under this application.

| Name of Partner | Total Number of Residential Customers | Proposed Number of Homeowners in Test Group | Proposed Allocation (\$) |
|-----------------|---------------------------------------|---|--------------------------|
| Lead applicant | | | |
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Description of Partnership Structure

Provide a description of the partnership structure that has been formed for the purpose of this program.

FORM C - PROJECT PARTNERS

Date: _____

Missouri Department of Natural Resources
Division of Energy
1101 Riverside Drive, P.O. Box 176
Jefferson City, MO 65102-0176

I, the undersigned, designate the _____ as the “Lead Applicant” for this application for funding under *Energize Missouri Homes*. I understand that funding provided is from the American Recovery and Reinvestment Act of 2009, State Energy Program. I have read and agree to the terms and conditions included in the Neighborhood Challenge Program Guidelines.

I, the undersigned, have the authority to sign this application and assign authority to the “Lead Applicant” on behalf of my organization.

Name of Partner: _____

Name of Authorized Individual: _____

Title: _____

Signature: _____

FORM D - HOME ENERGY REPORT PROGRAM CATEGORY DETAILS

Home Energy Report Program Category Details

Size of Test Group:

Size of Control Group:

Provide justification for selected homeowners in the test and control group. Please list any criteria relevant to selection process (energy usage, location, home size, etc.)

Please list communities included in the test and control group.

| Name of City or County | Number of Homeowners in the Test Group | Number of Homeowners in the Control Group | Total Population |
|------------------------|--|---|------------------|
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FORM D - HOME ENERGY REPORT PROGRAM CATEGORY DETAILS

Budget Summary

Provide a summary of the total budget.

| Budget Item | (A) | (B) | (C) = (A) + (B) | (D) |
|------------------------------|------------------------|----------------------|------------------|----------------|
| | Funding Requested (\$) | Funds Leveraged (\$) | Total Costs (\$) | Percentage (%) |
| Equipment & Materials | | | | |
| Direct Labor | | | | |
| Administrative Expenses | | | | |
| Other (please explain below) | N/A | | | |
| TOTAL | | | | 100% |

Other budget items:

| |
|--|
| |
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Detailed Budget

Equipment/Materials: List all items of equipment to be purchased valued greater than \$100.

| Equipment/Material | Quantity | Unit Cost (\$) | Funding Requested (\$) | Funds Leveraged (\$) | Total Cost (\$) |
|--------------------|----------|----------------|------------------------|----------------------|-----------------|
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| TOTAL | | | | | |

FORM D - HOME ENERGY REPORT PROGRAM CATEGORY DETAILS

Detailed Budget (continued)

Direct Labor: List all applicable costs for program implementation.

| Title/Job Classification | Number of Hours | Billing Rate (\$/hr) | Funding Requested (\$) | Funds Leveraged (\$) | Total Cost (\$) |
|--------------------------|-----------------|----------------------|------------------------|----------------------|-----------------|
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| TOTAL | | | | | |

Cost-Effectiveness

| | (A) | (B) | (C) = $\frac{(A)}{(B)}$ |
|-------|------------------------|--------------------|-------------------------|
| | Funding Requested (\$) | Size of Test Group | Cost-Effectiveness |
| TOTAL | | | |

Funds Leveraged

List the sources of funding that will be leveraged for this program. Identify the date when the funds were received by the applicant.

The applicant must provide letters from each financial partner or funding entity indicating the amount.

| Source | Total Funds (\$) | Date of Award | Is Letter Included? |
|--------|------------------|---------------|---------------------|
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FORM E - IN-HOME ENERGY MONITORING DEVICE PROGRAM CATEGORY DETAILS

Home Energy Report Program Category Details

Size of Test Group:

Size of Control Group:

Provide justification for selected homeowners in the test and control group. Please list any criteria relevant to selection process (energy usage, location, home size, etc.)

Please list communities included in the test and control group.

| Name of City or County | Number of Homeowners in the Test Group | Number of Homeowners in the Control Group | Total Population |
|------------------------|--|---|------------------|
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FORM E - IN-HOME ENERGY MONITORING DEVICE PROGRAM CATEGORY DETAILS

Equipment Information

Please provide the following details for the monitoring devices to be used.

| | (A) | (B) | (C) = (A) x (B) |
|--------|----------|----------------|-----------------|
| Device | Quantity | Unit Cost (\$) | Total Cost (\$) |
| | | | |
| | | | |
| | | | |
| TOTAL | | | |

Please provide description of any devices used and all benefits and features (accompanying software, connection to an online monitoring system, etc.) that are applicable to the program.

FORM E - IN-HOME ENERGY MONITORING DEVICE PROGRAM CATEGORY DETAILS**Budget Summary**

Provide a summary of the total budget.

| Budget Item | (A) | (B) | (C) = (A) + (B) | (D) |
|------------------------------|------------------------|----------------------|------------------|----------------|
| | Funding Requested (\$) | Funds Leveraged (\$) | Total Costs (\$) | Percentage (%) |
| Equipment & Materials | | | | |
| Direct Labor | | | | |
| Administrative Expenses | | | | |
| Other (please explain below) | N/A | | | |
| TOTAL | | | | 100% |

Other budget items:

| |
|--|
| |
|--|

Detailed Budget**Equipment/Materials:** List all items of equipment to be purchased valued greater than \$100.

| Equipment/Material | Quantity | Unit Cost (\$) | Funding Requested (\$) | Funds Leveraged (\$) | Total Cost (\$) |
|--------------------|----------|----------------|------------------------|----------------------|-----------------|
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| TOTAL | | | | | |

FORM E - IN-HOME ENERGY MONITORING DEVICE PROGRAM CATEGORY DETAILS**Detailed Budget (continued)**

Direct Labor: List all applicable costs for program implementation.

| Title/Job Classification | Number of Hours | Billing Rate (\$/hr) | Funding Requested (\$) | Funds Leveraged (\$) | Total Cost (\$) |
|--------------------------|-----------------|----------------------|------------------------|----------------------|-----------------|
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| TOTAL | | | | | |

Cost-Effectiveness

| | (A) | (B) | (C) = $\frac{(A)}{(B)}$ |
|-------|------------------------|--------------------|-------------------------|
| | Funding Requested (\$) | Size of Test Group | Cost-Effectiveness |
| TOTAL | | | |

Funds Leveraged

List the sources of funding that will be leveraged for this program. Identify the date when the funds were received by the applicant.

The applicant must provide letters from each financial partner or funding entity indicating the amount.

| Source | Total Funds (\$) | Date of Award | Is Letter Included? |
|--------|------------------|---------------|---------------------|
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